U. S. COST REIMBURSABLE (Department, bureau, or establishment)							-	PAID BY			
Voucher prepared at											
HE UNITED S		Payee's Account No. 960				SAPC 6 6 3 3					
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o		(Pay	 De)								
	(A d	iress)	(City)	(5	state)		_				
In and Date of	ARTICLES OR SERVICES Center description, item number of contract or Federal supply					QUANTITY	UNIT PRICE		AMOUNT		
No. and Date of Order	or Service	schedule, and oth Discount Terms	er information deem	ation deemed necessary) UBANTITI			Cost Per		Dollars Co		
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nipped from		to Wei	nuation sheet(s) if nec	Government		1		Total	\$293		
	above bill is correc	t and just and that payment	has not been receive	ed.	(Pay	ee must NO	T use this	space)			
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f_{ij}	rity vested in me,	I certify that this account is	correct and proper to	4				S	TATINT	ΓL	
Approved for/\$		7_	SIGN	1		(Author)	zed Certify	lng Officer)			
у		13	ORIGINAL ONLY	Title	7	······					
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itle	THE REVERSE OF T	HIS FORM MUST BE EXECUTED WHI			URED WITH	OUT WRITTEN	AGREEMENT	IN ANY FORM			
	ACCOU	NTING CLASSIFICATION	(Appropriation Symi	bol must be s	nown; oth	er classifica	tion optio	nai)			
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(6)	No	dated	, 19,	for \$			∫on T	reasurer of t	the United Sta amed above.	ites i	

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